

ENTRON SECURITY SERVICES

Daily Security Report

31			· · · · · · · · · · · · · · · · · · ·														
2036 Client	Name DH/	MA	TERZALS				Location /OOZ	2056	E60 51	UT	TCA P	Date Date	7/30	18/			
Facility Detex Clock Weapon No.	н	olster	Nightstiek	Raiscoat	Flashlight	/		VS /Log.					· · · · · · · · · · · · · · · · · · ·				
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Officer-Day Shift (Name) JEOR 6E, JOHN! Shift					Officer—Swing Shift (Name) Shift					Officer-Grave Shift (Name) Shift Shift						
	Began	8		- AM-		T	AM-PM	Ended	-M-PM		,	M AM-PM	Ended	8	(AM-PM		
Observations or actions taken	Yes	140	Explar	nation	Yes	No	· · · · · · · · · · · · · · · · · · ·	Explanation	· · · · · · · · · · · · · · · · · · ·	Yes	No		Explanatio	in .			
Rounds or stations missed										ļ	1						
Unlocked doors, gates or windows						VX					4						
Unlocked vaults or safes		~				VX					1						
Fire-smoke-or hazards						V		-			1						
Extinguishers missing or defective		_				V					1						
2. Sprinkler system defective		_				V/					4				. ••		
3. Fire doors or exits blocked		_				V/				•	1						
4. Rubbish accumulation						V /					2						
5. Motors running		/				V		•			1	LIGHT.	Sout	05	45.		
6. Lights left burning		—				/ 2	Som Tu	rved on	1 lahes		4				·		
Injury hazards		_				V /	/	-			0			·			
Visitors	V		MR SAUPPONS	ME 14/3 .		V				1		OHM .	e EPF	PE	OPLE		
Trespassing		/	MR SAUPPONS	3		V/_					1	OW 5	itE				
Violation of company rules		/				V					1						
Remarks									•	<u>-</u>							
D. ONFIL ON SITE	15	40															
IMPORTANT: If you were ill or injured	please exp	lain on	the reverse side of this	form and call you	r superviso	before leav	ring this post.	<u> </u>									
Were you injured during this tour?			Day Shift No 1.	2. No Yes	s No	3. Swing Sh	No 1	•	Yes No	- 1-	ave Shift No	\	Nò	Yes	No 3		
2. Did you suffer any illness?	-		Yes (No) Yes				(No) Ye		Yes No	Ye	es No	Yes	No	Yes	No		
3. Have you reported all advidents coming t	o your atte	ntion?	Yes No Yes			Yes	No Ye	s /No	Yes No		es) No	Yes	No	Yes	No		
	100	Signatures	Day Spirit / X	Peni		Swing Sh	TOSE		o TAC	40°	rave Shift	Lick	Hol	los	ki		
1 House	$\mu_{g_{\mu}}$	Signaturea	7/	Je Je		2				2				0			
1748/22 1	. /	Signatures				3		•		3		1181	439	234 [



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1) '																
Client No.	Client Name	artes,	FERTH'S				Location	oz Csa	1860 57	To W.	ECH 1	Date	7/30	187		
Facility Detex Clock Weapon No.		Holster	NightsHek	Raiacoat	Flashlight	/	Other Two	Kevs /Lee	Soek /	PAG	120					
Officers: Fully explain all Items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) CEORGE VARIA Shift Began GM-PM Ended AM-PM					Other Two Keys / Les Sock Officer—Swing Shift (Name)			Tuck Koiverka						
							Shift Began AM-PM Enged AM-PM					Shift Megan / MAM-PM Ended AM-PM				
Observations or actions taken	Yes	iło		planation	Yes	No	/	Explanation		Yes	No	70	Explanation	<u> </u>		
Rounds or stations missed		~				$\langle \rangle$	•				1					
Unlocked doors, gates or windows				<u>.</u>		V					1_	,				
Unlocked vaults or safes						V					1		•			
Fire-smoke-or hazards						V	<u> </u>				1					
1. Extinguishers missing or defecti	ve		*	. *· ·		V	<i>,</i>		· , · , · . · . · . · . · . · . · . · .		4					
2. Sprinkler system defective						1/					1					
3. Fire doors or exits blocked						V	<u></u>				14					
4. Rubbish accumulation			,			\//					1					
5. Motors running		/				$\downarrow V$					1	LIGHT.	5 00+	0545		
6. Lights left burning		1			V		Som	TURNED.	on light	<u> </u>	1					
Injury hazards						V/			. /		4					
Visitors	V		ALL SAUPPU	THE 14/3		V				16		(1-11u -	e EPH	PEULL		
Trespassing			ill SAUPPO	115		\ <u>\</u>					11	010 3	itE	·		
Violation of company rules		/	,			V					16					
Remarks								`>								
DONEIL ON SIT	F 1	540								`						
							<u> </u>									
IMPORTANT: If you were ill or in	jured please e	xplain on		his form and call yo	our superviso	r before le	eaving this p									
1. Were you injured during this tou	ır?		Day Shift No 1.	Yes No Y	Yes No	3. Swing Yes	Shift	1. Yes No	Yes No	~.]-	rave Shift	X 1	No 2.	Yes No		
2. Did you suffer any illness?	<u> </u>		Yés (No)	Yes No	Yes No	Yes	No	Yes No	Yes No	, Y	es No	Yes	No	Yes No		
3. Haveryou reported all adpidents co	ming to your a	ttention?	Yes No	Yes No	Yes No	Yes	No	Yes No	Yes No		es No	Yes	No ·	Yes No		
11	W K	Signatures	Day Shift	Denie		SWing 1	Shift To.	seth 1	KOTAC	MO	Frave Shift	isk	Xol	07-1:		
1 My	1/2	Signatures	2.	1 12	· · .	2		1			2.			-7		
1/1/2/D	h	Signatures		Miles Company of State Company		3					3.	•		•		